Public Comment - by Patti Jacques

July 2011 A forensic patient (FP) is release to the community to a recovery/foster home.

Within 2 to 3 months Recovery/foster parent notifies Center for Mental Health Dr. meds need to be adjusted as forensic patient is symptomatic. Dr. observes FP, does not notice symptoms and states come back in 30 days.

Sept 3 months later from when forensic patient arrives at recovery/foster home parent gives forensic patient 30 day notice over long weekend. FP is still symptomatic tries to get a hold of Parole Officer but state Parole and probation office closed for long weekend (Fri, Sat, Sun).

This puts the symptomatic FP in manic phase and leaves on Sat. was found approx 2-3 weeks later by birth parent at a homeless shelter.

Nov 2011 Parent contacted Parole Officer. Parole Officer picked up FP at parent home and placed him in jail. FP still symptomatic as Recovery home would not give meds to birth parent to give to FP. PO sends FP to START in Anaconda over the weekend. By Monday FP back at Montana State Hospital trying to get stabilized.

Jan 10, 2012 Montana State Hospital tried to stabilize for approximately 1 and 3/4 months. FP not stabilized, incident happens - pushed nurse with open hands, nurse steps back a few feet and trips over chair - and falls - hits head - has contusion. Last heard nurse has slowly recovered - but not sure if fully recovered.

Jan 10, 2013 FP sent to prison that day. MSH Treatment team calls (conference call) mother that night and ask what was going on in FP mind. Mother states FP-son told her every night during his stay he believed the staff was trying to send messages to destroy his brain through their 3rd eye, and especially when they would touch him the messages went to his brain to destroy him. Treatment team acted surprised. even though Dr. switched meds that morning to try and stabilized FP.

FP transferred still under the custody of Dir. DPHHS spends 4 months in isolation at MSP. Placed in 12 bed mental health triage unit for 30 days, placed in high side. Within 3 months placed in isolation 30 days for behavior,

FP/inmate at MSP has requested help. Med techs telling him he's malingering and making things up. Dr. refuses to treat high anxiety-severe panic disorder. Dr refuses to try a different med from Haldol which is not helping the symptoms (voices) and causing severe physical side effects.

May 16, 2013 - Mother and son's attorney pleads with DOC Dir. to help get son back to MSH. DOC-MSP Medical Dir. States inmates is doing great. DOC-MSP Medical Dir. states MSP does not have mental health treatment unit, but only 12 beds for triage for the worst of the worst. Based on MSH Dr. Hill's affidavit FP/inmate can return once not dangerous to resume mental health treatment. Court states FP/inmate does not have to come before court to go back to hospital. No action taken.

DPHHS Attorney states the hospital doesn't want him back, and the DPHHS Attorney states ~~tells~~ FP attorney even a judge couldn't get him back to the hospital as the way the law is written (46-14-312 (2)).

June 19, 2013 Mother writes another letter to DOC Dir. asking help for son in receiving psychiatric treatment for his illness-schizophrenia. Mother asks DOC Dir. to have MSP Dr. try new meds. Have not heard anything.

FP/Inmate takes matter into his own hands and goes off Haldol as he could not handle the side effects from the Haldol medication - FP/Inmate currently restricted to cell. (Currently potential class action lawsuits brewing in others States regarding Haldol side effects).

FP/Inmate symptomatic (voices, whispers), I don't know how he is doing since last Thursday June 20, 2013 as he was restricted to his cell for four days, for horse playing with other inmates. Not allowed to use phone.

The nurse - whom the FP/Inmate pushed during the delusion, her daughter currently is unit sgt at MSP and is overseeing this particular FP/Inmate. Warden does not believe it's a Conflict of interest. Staff has laughingly threatened to move FP/Inmate to the worst high side if he continues to complain. Remember this is an inmate with symptomatic schizophrenia who sees and hears things differently.

Anaconda County Attorney charged FP with felony assault, even though it states in MSH Dr. affidavit FP was unstable from time admissions to day of incident. MSH Staff is to be trained in handling dangerous inmates on the forensic unit - it is their job.

FP/Inmate has been at MSP for over 1 1/2 years receiving no mental health treatment, as stated from Medical Director - it is a correctional facility not a hospital.

Why do we have mental health laws, and a state psychiatric hospital, if the state refuses to helps these people when they know they are dangerous? Why do Judges order them to MSH in the custody of the Dir. of DPHHS, only to be allowed to ship them off and does not make sure these FP inmates are receiving the exact treatment plan they would have if they were at MSH? Why is there no way to get these FP/inmate back to the hospital, as the law currently is used as a loop-hole to not taking them back, to ignore treatment which was originally order by a Judge, and why and how can an Dept. attorney flat out state they are not taking him back and no Judge can get him back based on the way the law Reads.

The State knows unless you are a multi-millionaire there is no way you can pay for an attorney to fight this battle for your family member, so the patient/inmate is branded and is again a victim of our laws making them a criminal when they cry out for help.

June 25, 2013

TO: Children, Families, Health and Human Services Interim Committee

FROM: Patti Jacques - Family member and advocate for people with a mental illness

Re: Public Comment

I want to know why when a person has a mental disorder (53-21-102 (9)) as defined by our Montana Laws,

and the definition of an emergency situation (53-21-102 (7)) includes a situation in which **any person** is in imminent danger of death or bodily harm **from the activity of a person who appears** to be suffering from a mental disorder and appears to require commitment,

and when this person is committed to the Montana State Hospital based on the Montana Codes definitions,

and it is documented throughout the MSH records the person is unstable,

and this person does cause bodily harm due to their delusions to staff- unintentional due to the delusion.,

why are we allowing the State to charge these patients with felonies, when the hospital knowingly does not prevent these patients/inmates from harming themselves or others from their delusions,

and why are we allowing the State to ship them out 46-14-312(2) to a correctional facility where no treatment is provided as stated by the DOC Medical Director Kathy Redfern, but yet it states in our laws the DPHHS Director can do this for custody, care, and treatment, but yet they receive no treatment at these correctional facilities.

and why does our State allow DOC treating professionals not to have to provide effective medication for these inmates with serious mental illnesses,

and why does our State allow DOC treating professionals not to try and reduce the severe physical side effects from these medications.

I want to know why we don't have a true forensic hospital when we have over 370 inmates with a mental illness at MSP with only one psychiatrist, and we have 140 out of 190 women inmates at Women's prison in Billings on psychotropic meds. This count doesn't include the forensic patients at MSH. But we as Montanan's expect these people are getting their treatment needs met, but in reality they are not.

I want to know why in our criminal procedures relating to competency 46-14-202 - commitment to a hospital or other suitable facility for the purposes of the examination

these definition are defined in (53-21-102(10)), but judges are ordering examinations in correctional facilities or jails, which are listed as not suitable facilities.

Corrections Administrative Rules 20.14 Mental Health Division was transferred to public health and human services Title 37, so does that mean Corrections must follow DPHHS ARMS when dealing with inmates with a mental illness.

I want to know why we don't have an insanity law, as this is crazier than the people that have the delusions. They need to be at a hospital, and the way the law reads they may never make it there - go to prison be put in isolation for months, and years with no treatment.

Prison Mentally Ill patients-inmates should not have to go through a request process just to try and get adequate medical/mental health treatment, drugs. These people need true rehabilitation treatment services. Not be put in isolation or among other inmates especially when the patient-inmate is symptomatic with mental illnesses.

Montana Changes Needed in the Criminal Justice System for the Mentally Ill Inmate

1. More forensic psychiatric community beds similar to how the prereleases operate - DPHHS contracting with Mental Health centers, but under the directions of mental health centers for the services.

2. Changing the law 46-14-312(2) limiting how long and where an inmate patient can be transferred to (only to another secure forensic psychiatric unit with trained professionals) and ensure their return back to a community forensic psychiatric unit within 6 months or less. This definitely needs to be changed because the MSH uses this as a way to keep its numbers below 189 - transferring out only forensic inmate patients to the prison, and the inmate gets stuck at the prison with no mental health treatment services.

3. State uses the greatest and best drugs available in treating psychiatric illnesses - State Prison has no incentive to make sure the mentally ill inmates get the best pharmaceutical drugs available and/or brain scans as the Prison budget is based on number of inmates, not on rehabilitation - no accountability on the services it provides or **does not provide**. The State prison has a secret list of meds they will only prescribe because they are cheap, these drugs are not based on effectiveness and less medical side effects. There are potential class action lawsuits in other States brewing regarding the use of Haldol.

4. Mentally ill inmates should not have to go through a request process just to try to get adequate care for their medical/mental health. Most don't know where to start, or the mentally ill don't know they are ill, or if they should file a request, as they are afraid staff will retaliate, plus its always denied.

5. No isolation - Considered form of torture by the US Govt.

If we can get these services/policies/laws for forensic inmates changed then we are moving in the right direction. The President of the United States came out and stated mental health is a medical health problem, plus scientist have backed this up as a brain disorder.

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June 19, 2013

Director Mike Batista
Department of Corrections
5 S Last Chance Gulch
POB 201301
Helena MT 59620-1301

RE: Ross Michael Robertson, Inmate #2131126, Diagnosis Paranoid Schizophrenia

Dear Director Batista,

Thank you for taking the time to meet with Attorney Greg Jackson and myself on May 16, 2013. At this time there has been no indication of Ross' movement back to the Montana State Hospital or placed in a mental health bed at Montana State Prison.

Currently Ross is still symptomatic with his illness schizophrenia. It is my understanding that the treating psychiatrist refuses to change Ross' medication off of the Haldol (Haloperidol) regardless of the severe side effects Ross is experiencing, to an atypical medication which possibly is more effective in treating treatment-resistant schizophrenia.

Again, I come to you requesting help for my son in receiving psychiatric treatment for his illness - schizophrenia. I have been doing research regarding medication for treating treatment-resistant schizophrenia through the website of the National Institute of Mental Health, U.S. Department of Health and Human Services- National Institute of Health. One of the "gold standard" medication for treating treatment-resistant schizophrenia is called Clozaril (Clozapine). My understanding if using Clozaril, the patient is slowly taken off the other psychiatric medication. Another atypical antipsychotic medication is Geodon (Ziprasidone) but not listed as effective as the Clozaril for treatment-resistant schizophrenia. These are medication options Ross has never tried.

As with all psychiatric medications some work for some people and some do not work for others. As for Ross the Haldol is not working, and causing severe side effects. There are side effects with all psychiatric medication, but the person who is the one taking the medications should be the one in determining if he/she can live with the side effects, and if the medication is effective in treating the symptoms of the illness.

Please, I'm asking, would you help in having the MSP Psychiatrist treat Ross with a different medication, that could prove to be more effective for Ross, and to help lessen the symptoms of his illness - schizophrenia. Let Ross decide if he can live with the side effects of the drugs, especially if it is more effective in treating his symptoms.

Thank you for any help getting Ross effective medication that will treat his symptoms, and lessen the severe side effects he has been experiencing.

Sincerely,

Patti Jacques
Mother of Ross Robertson
Inmate #2131126.

email cc:
Attorney Greg Jackson
Attorney Andree LaRose
Warden LeRoy Kirkegarde

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May 16, 2013

Director Mike Batista
Department of Corrections
5 S Last Chance Gulch
POB 201301
Helena MT 59620-1301

RE: Ross Michael Robertson, Inmate #2131126, Diagnosis Paranoid Schizophrenia

Dear Director Batista,

I thank you for this opportunity to visit with you regarding my son Ross Michael Robertson and concern of his mental illness - paranoid schizophrenia. Under unfortunate circumstances during the course of my son's treatment at Montana State Hospital an incident occurred which precipitated an immediate emergency transfer on 1/10/12 to Montana State Prison (MSP).

In the past weeks I have sent information regarding schizophrenia explaining what it is, symptoms, when it starts, regarding relationship of schizophrenia and violence, causes, medications, treatments and see the attached article from the National Alliance on Mental Illness Advocate, Spring 2013 addition - Improving Cognition in Schizophrenia.

Hopefully, you have had a chance to glance and review some of this information, so that you will understand the desperation of treatment my son needs besides medication. Without the treatment offered at Montana State Hospital (MSH) Forensic Unit my son's illness will continue to get worse regardless of the medication treatment.

Legal History Summary regarding Transfer from MSH to MSP:

In the affidavit (see attached Affidavit) - Dr. Hill his treating forensic psychiatrist at Montana State Hospital stated his behavior has been unstable since his return to MSH and reported ongoing auditory hallucinations despite comprehensive hospital level-treatment. Also, in the affidavit, Dr. Hill states he can return, and quoted from paragraph 8. from the affidavit "until his behavior is no longer dangerous, and he can safely benefit from additional treatment on the Forensic Program at Montana State Hospital".

I respectfully make these requests and hope and pray you will assist in getting my son Ross Michael Robertson into the MSP mental health unit and back to the Montana State Hospital. Thank you for your consideration in these requests.

Sincerely,

Patti Jacques
Mother of Ross Michael Robertson

Chapter No.	Chapter Title
20.1	ORGANIZATIONAL RULE
20.2	OVERALL DEPARTMENT RULES
20.3	CHEMICAL DEPENDENCY RULES (TRANSFERRED TO PUBLIC HEALTH AND HUMAN SERVICES, TITLE 37)
20.4	RESERVED
20.5	RESERVED
20.6	RESERVED
20.7	COMMUNITY CORRECTIONS DIVISION
20.8	RESERVED
20.9	YOUTH SERVICES
20.10	RESERVED
20.11	MANAGEMENT SERVICES DIVISION (TRANSFERRED TO PUBLIC HEALTH AND HUMAN SERVICES, TITLE 37)
20.12	RESTITUTION
20.13	RESERVED
20.14	MENTAL HEALTH DIVISION (TRANSFERRED TO PUBLIC HEALTH AND HUMAN SERVICES, TITLE 37)
20.15	RESERVED
20.16	RESERVED
20.17	RESERVED
20.18	RESERVED
20.19	RESERVED
20.20	RESERVED
20.21	RESERVED
20.22	RESERVED
20.23	RESERVED
20.24	RESERVED
20.25	BOARD OF PARDONS AND PAROLE
20.26	EDUCATION OF EXONERATED PERSONS
20.27	PRIVATE CORRECTIONAL FACILITIES
20.28	REGIONAL CORRECTIONAL FACILITIES

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